

LINDENGROVE-MENOMONEE FALLS

W180 N8071 TOWN HALL RD

MENOMONEE FALLS 53051 Phone:(262) 253-2700

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 135

Total Licensed Bed Capacity (12/31/04): 135

Number of Residents on 12/31/04: 125

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 122

Non-Profit Corporation

Skilled

No

Yes

Yes

122

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.8
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	1.6	1 - 4 Years		46.4
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	11.2	65 - 74	10.4	More Than 4 Years		12.8
Day Services	No	Mental Illness (Other)	1.6	75 - 84	32.8			100.0
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.2	*****		
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0	Full-Time Equivalent		
Adult Day Health Care	No	Cancer	5.6			Nursing Staff per 100 Residents		
Congregate Meals	No	Fractures	14.4		100.0	(12/31/04)		
Home Delivered Meals	No	Cardiovascular	15.2	65 & Over	98.4	-----		
Other Meals	No	Cerebrovascular	8.0			RNs		8.3
Transportation	No	Diabetes	2.4	Gender	%	LPNs		13.5
Referral Service	No	Respiratory	13.6			Nursing Assistants,		
Other Services	Yes	Other Medical Conditions	28.0	Male	28.8	Aides, & Orderlies		
Provide Day Programming for				Female	71.2			
Mentally Ill	No		100.0					
Provide Day Programming for								
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	27	100.0	400	37	100.0	125	0	0.0	0	60	100.0	207	0	0.0	0	1	100.0	486	125	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	27	100.0		37	100.0		0	0.0		60	100.0		0	0.0		1	100.0		125	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	1.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	1.5	Bathing	2.4	66.4	31.2	125
Other Nursing Homes	0.0	Dressing	3.2	76.8	20.0	125
Acute Care Hospitals	95.9	Transferring	8.8	70.4	20.8	125
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	7.2	64.0	28.8	125
Rehabilitation Hospitals	0.0	Eating	32.8	60.0	7.2	125
Other Locations	1.5	*****				
Total Number of Admissions	338	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	9.6		Receiving Respiratory Care	13.6
Private Home/No Home Health	4.2	Occ/Freq. Incontinent of Bladder	33.6		Receiving Tracheostomy Care	0.8
Private Home/With Home Health	52.7	Occ/Freq. Incontinent of Bowel	31.2		Receiving Suctioning	1.6
Other Nursing Homes	0.3				Receiving Ostomy Care	0.8
Acute Care Hospitals	12.3	Mobility			Receiving Tube Feeding	3.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	34.4
Rehabilitation Hospitals	0.0					
Other Locations	14.4	Skin Care			Other Resident Characteristics	
Deaths	16.2	With Pressure Sores	4.0		Have Advance Directives	81.6
Total Number of Discharges		With Rashes	1.6		Medications	
(Including Deaths)	334				Receiving Psychoactive Drugs	58.4

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.4	87.4	1.03	86.5	1.04	87.3	1.04	88.8	1.02
Current Residents from In-County	72.8	86.8	0.84	87.0	0.84	85.8	0.85	77.4	0.94
Admissions from In-County, Still Residing	8.6	21.8	0.39	18.9	0.45	20.1	0.43	19.4	0.44
Admissions/Average Daily Census	277.0	159.1	1.74	188.2	1.47	173.5	1.60	146.5	1.89
Discharges/Average Daily Census	273.8	159.6	1.72	190.4	1.44	174.4	1.57	148.0	1.85
Discharges To Private Residence/Average Daily Census	155.7	63.2	2.46	77.5	2.01	70.3	2.21	66.9	2.33
Residents Receiving Skilled Care	100	96.1	1.04	95.9	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	98.4	96.5	1.02	90.5	1.09	90.7	1.09	87.9	1.12
Title 19 (Medicaid) Funded Residents	29.6	50.4	0.59	56.3	0.53	56.7	0.52	66.1	0.45
Private Pay Funded Residents	48.0	33.2	1.45	22.2	2.16	23.3	2.06	20.6	2.33
Developmentally Disabled Residents	0.0	0.5	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	12.8	33.9	0.38	29.0	0.44	32.5	0.39	33.6	0.38
General Medical Service Residents	28.0	26.1	1.07	25.4	1.10	24.0	1.17	21.1	1.33
Impaired ADL (Mean)	55.5	51.2	1.08	52.6	1.06	51.7	1.07	49.4	1.12
Psychological Problems	58.4	62.3	0.94	55.4	1.05	56.2	1.04	57.7	1.01
Nursing Care Required (Mean)	7.5	7.1	1.06	7.7	0.98	7.7	0.97	7.4	1.01